



EMPLOYMENT COMMUNICATION ORIENTATION REFERRAL
ND DEPARTMENT OF HUMAN SERVICES/FSP
SFN 679 (Rev. 7-2005)

DATE:	
MANDATORY	VOLUNTARY
NAME AS SHOWN IN TECS:	
ADDRESS:	
TELEPHONE NUMBER:	
SOCIAL SECURITY NUMBER:	
You have been provided the opportunity to attend the next regularly scheduled Food Stamp Program Employment Communication Orientation session. Time and location are:	
DATE:	TIME:
LOCATION:	
If you are unable to attend, please contact the person conducting the orientation session at the phone number below to be rescheduled. Failure to attend this orientation session may result in Food Stamp Program disqualification.	
NAME OF CONTACT PERSON:	TELEPHONE NUMBER:
ELIGIBILITY WORKER:	TELEPHONE NUMBER:
COUNTY SOCIAL SERVICE BOARD:	